

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVSD4912AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WINDAELS HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3329 IRV-MARCUS DRIVE LAS VEGAS, NV 89108</b>		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/17/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 5 beds (3 Category 1 beds and 2 Category 2 beds).</p> <p>The facility has the following endorsement: Residential facility for elderly or disabled persons; and Residential facility for persons with mental illnesses</p> <p>The census at the time of the survey was four. One resident was in the hospital. Five resident records were reviewed. Three employee files were reviewed.</p> <p>Complaint #NV18787 was substantiated. See Tag Y0773.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure not less than eight hours of training related to providing for the needs of the residents had been obtained for the past year by 2 of 3 employees.  Findings include:  Employee #1 was hired as the administrator (date unknown).  The file for Employee #1 lacked documented evidence of eight hours of training in the care of elderly or disabled persons, and persons with mental illness for the past year.  Employee #2 was hired as a caregiver on 8/15/07.  The file for Employee #2 lacked documented evidence of eight hours of training in the care of elderly or disabled persons, and persons with mental illness for the past year.  Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200	Y 103		

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Y 103	Continued From page 2  1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure Tuberculosis (TB) testing was completed for 2 of 3 employees (#2, #3).  Findings include:  Employee #2 was hired as a caregiver on 8/15/07.  The file for Employee #2 contained the results of a one step TB test completed on 5/9/08. There was no evidence of an initial two step TB test.  Employee #3 was hired on 11/13/08.  Employee #3's file contained a physician's statement dated 11/12/07 which stated, "Negative chest x-ray within the past 6 months."  The file for Employee #3 lacked documented evidence of TB screening for the past year.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each	Y 105		

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Y 105	Continued From page 3  member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure complete criminal background checks had been completed for 1 of 3 employees (#3).  Findings include:  Employee #3 was hired as a caregiver on 11/13/08. The file for Employee #3 lacked a set of fingerprints.  Severity: 2 Scope: 3	Y 105			
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the interior of the premises were clean.  Findings include:  The hood over the stove had a thick, sticky accumulation of dust and dirt.	Y 178			

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Y 178	Continued From page 4  Severity: 2 Scope: 1	Y 178		
Y 252 SS=F	449.217(3) Storage of Food-Adequate storage; Packaging  NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure food was packaged appropriately for storage.  Findings include:  At 8:30 AM, a bowl with an opaque brown liquid and a spoon was on the top shelf in the refrigerator, uncovered. At 11:30 AM, the bowl was in the same place, without cover.  Severity: 2 Scope: 3	Y 252		
Y 273 SS=E	449.2175(4) Service of Food - Special Diets  NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least	Y 273		

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Y 273	<p>Continued From page 5</p> <p>90 days.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure special diets as prescribed by physicians were provided to 3 of 5 residents (#1, #4, #5).</p> <p>Findings include:</p> <p>There were no special diets posted in the facility.</p> <p>At 8:30 AM, Employee #2 reported no one in the facility was on a special diet.</p> <p>Resident #1 was a 74 year-old male, admitted on 5/1/08, with diagnoses including coronary artery disease and hypertension.</p> <p>Documentation in Resident #1's record revealed the resident was to be on a cardiac diet (low salt, low fat, low cholesterol).</p> <p>Resident #4 was an 84 year-old female, admitted on 3/29/08, with diagnoses including congestive heart failure and hypertension.</p> <p>Documentation in Resident #4's record revealed the resident was to be on a low salt diet.</p> <p>Resident #5 was a an 83 year-old female, admitted on 10/7/04, with diagnoses including hyperlipidemia.</p> <p>Documentation in Resident #5's record revealed the resident was to be on a low fat, low sugar diet.</p> <p>Severity: 2    Scope: 2</p>	Y 273			

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Y 274 SS=D	<p>449.2175(5) Service of Food - Substitutions</p> <p>NAC 449.2175</p> <p>5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure food substitutions were documented, posted in a conspicuous place during the service of the meal and kept on file at least 90 days after the substitution occurred.</p> <p>Findings include:</p> <p>The menu posted on the refrigerator was labeled, "December Week 2."</p> <p>At 11:45 AM, Employee #2 served the noon meal which consisted of tuna noodle casserole, garlic toast, fresh vegetables and peaches.</p> <p>At 12:00 PM, the posted menu for the noon meal was unchanged from "Meat loaf with gravy, mashed potatoes, beets and tossed salad."</p> <p>Employee #2 was unable to provide menus from the past 90 days.</p> <p>Note: At 9:10 AM, Employee #2 was instructed regarding the acceptable way to record substitute foods (put a line through item(s) not served, write what was served, date and initial) prior to serving.</p>	Y 274		

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Y 274	Continued From page 7  Severity: 2 Scope: 1	Y 274		
Y 444 SS=D	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain all smoke detectors.  Findings include:  At 7:30 AM, a chirping noise was coming from one of the bedrooms.  At 11:00 AM interview on how long the smoke detector had been making the chirping noise, Employee #3 indicated, "Two days." Employee #2 indicated, "A month."  At 1:00 PM the smoke alarm was still chirping.  Severity: 2 Scope: 1	Y 444		
Y 555 SS=D	449.262(1) Dental, Optical, Hearing, SS  NAC 449.262 1. The administrator of a residential facility shall ensure that residents are provided with or are assisted in obtaining dental and optical care, treatment for hearing and hearing impairment	Y 555		

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Y 555	Continued From page 8  and social services. The employees of the facility shall maintain a record of the services or assistance provided pursuant to this subsection.  This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure assistance in obtaining optical care was provided for 1 of 5 residents (#1).  Findings include:  At 11:00 AM interview on how he liked living in the facility, Resident #1 replied, "It's like a morgue here . . . we don't go nowhere . . . I need to go to the bank . . . they don't have a car . . . I need to go to the bank, get some money and then go to the drugstore and get some eyeglasses . . . and some reading material . . . "  Severity: 2 Scope: 1	Y 555			
Y 773 SS=D	449.2726(1)(a)(1) 449.2726(1)(a)(b) Diabetes  NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance; or  This Regulation is not met as evidenced by:	Y 773			

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Y 773	Continued From page 9  Based on interview, the facility failed to ensure blood glucose testing could be done independently by 1 of 5 residents (#1).  Findings include:  On 12/17/08 at 10:55 AM, Employee #2 admitted, "I check it twice a day - every morning and evening . . . he can't do it by himself."  On 12/17/08 at 11:00 AM, Resident #1 was alert and thought the year was 1998. He asked, "When am I going home (to Cleveland, OH)?"  When asked about blood sugar checks, Resident #1 declared, "The girl checks my blood sugar."  Complaint #NV18787 substantiated.  Severity: 2    Scope: 1	Y 773			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by:	Y 859			

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Y 859	Continued From page 10  Based on record review and interview, the facility failed to maintain files and all related documentation for five years for 1 of 6 residents (#3).  Findings include:  Resident #3 was admitted on 4/30/08.  Resident #3's file lacked documented evidence of an initial physician's exam.  Severity: 2    Scope: 1	Y 859		
Y 896 SS=F	449.2744(1)(b)(2) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure documentation was completed at the time of medication administration for 5 of 5 residents.  Findings include:  At 11:40 AM, the Medication Administration Records (MAR) were incomplete as follows:	Y 896		

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Y 896	<p>Continued From page 11</p> <p>Resident #1 was admitted on 5/1/08, with diagnoses including acute renal failure and chronic obstructive pulmonary disease.</p> <p>Resident #1 had a physician's order for Lasix 40 milligrams one tablet by mouth every day. The MAR lacked documented evidence the resident had been given Lasix every day from 12/12/08 through 12/17/08.</p> <p>Resident #1 had a physician's order for Advair 250/50 one inhalation twice a day. The MAR lacked documented evidence the resident had been given Advair twice a day from 12/12/08 through 12/17/08.</p> <p>Resident #2 was admitted on 2/2/08, and hospitalized on 12/6/08. The MAR lacked documented evidence the resident had been given the 12 medications ordered to be given regularly every day from 12/1/08 through 12/6/08.</p> <p>Resident #3 was admitted on 4/30/08, with diagnoses including hypertension and depression.</p> <p>Resident #3 had a physician's order for three medications to be given every day. The MAR lacked documented evidence the three medications had been given every day from 12/12/08 through 12/17/08.</p> <p>Resident #4 was admitted on 3/29/08, with diagnoses including congestive heart failure, atrial fibrillation, hypertension and depression.</p> <p>Resident #4 had a physician's order for Lexapro 10 milligrams one tablet by mouth every day. There was a bottle of Lexapro in Resident #4's</p>	Y 896			

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Y 896	<p>Continued From page 12</p> <p>medication bin. The MAR lacked documented evidence the medication had been given since it was ordered on 12/9/08.</p> <p>Resident #4 had orders for Temazepam 15 milligrams one tablet at bedtime as needed. There was a bottle of Temazepam in the resident's medication bin. Temazepam was not listed on the MAR.</p> <p>Resident #4 had orders for 11 additional medications. All of the 11 medications were present in the resident's medication bin. The MAR lacked documented evidence the 11 medications had been given from 12/12/08 through 12/17/08.</p> <p>Resident #5 was admitted on 10/7/04, with diagnoses including hypertension, hyperlipidemia, dementia, gout and osteoporosis.</p> <p>Resident #5 had a physician's order for Actonel 35 milligrams one tablet by mouth once a week. There was no entry on the December 2008 MAR for Actonel. (Actonel was on the November 2008 MAR.)</p> <p>Resident #5 had a physician's order for 12 additional medications to be given on a regular basis. The MAR lacked documented evidence the 12 additional medications had been given from 12/12/08 - 12/17/08.</p> <p>Ten minutes after requesting the MAR, Employee #2 had not presented it. Employee #2 was sitting on the sofa in the living room with the MAR next to her. Employee #2 admitted she was just now preparing the MARs for the month of December.</p> <p>Severity: 2 Scope: 3</p>	Y 896		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 898 SS=D	<p>449.2744(1)(b)(4) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to obtain proper instructions for administering medications to 1 of 5 residents (#4).</p> <p>Findings include:</p> <p>Resident #4 had a physicians's order reading, "Potassium Chloride 10 millequivalents one tablet by mouth every day as needed. Take with Lasix."</p> <p>Note: Without checking a potassium level every day (serum test), there would be no way to know if the resident "needed" the Potassium supplement. The standard of practice is to order a potassium supplement (to be taken regularly) in conjunction with Lasix, as Lasix decreases potassium levels. A physician re-review will be necessary.</p> <p>Severity: 2 Scope: 1</p>	Y 898		

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Y 907	Continued From page 14	Y 907			
Y 907 SS=D	<p>449.2746(1)(c) PRN Medication</p> <p>NAC 449.2746</p> <p>1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless:</p> <p>(c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to obtain written instructions 1) indicating the specific symptoms for which medication was to be given; and 2) the amount of medication to be given to 1 of 5 residents (#4).</p> <p>Findings include:</p> <p>Resident #4 had a physician's order for Trazodone 50 milligrams one to two tablets at bedtime as needed for sleep. The orders/ instructions did not specify exactly how many tablets to administer.</p> <p>Resident #4 had a physician's order reading, "Temazepam 15 milligrams one tablet by mouth at bed time as needed." The order (and prescription bottle label) lacked instructions regarding why Resident #4 might need the medication and the order did not specify the reason why the resident might need to take the</p>	Y 907			

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Y 907	Continued From page 15  medication.  Severity: 2    Scope: 1	Y 907		
Y 911 SS=D	<p>449.2746(2)(d) PRN Medication Record</p> <p>NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (d) The results of the administration of the medication.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to document the results medications taken as needed for 2 of 5 residents (#1, #2).</p> <p>Findings include:</p> <p>Resident #1 had orders for Percocet every four hours as needed for pain.</p> <p>Entries on the medication administration record (MAR) revealed Resident #1 received a dose each day on 11/15, 11/16, 11/17 and 11/18/08. The MAR lacked documented evidence of the results of the medication.</p> <p>Resident #2 had a physician's order for Percocet as needed for pain. Entries on the MAR revealed Resident #2 received two doses on 11/25/08 and one dose on 11/26/08. The MAR lacked documented evidence of the results of the medication.</p>	Y 911		

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Y 911	Continued From page 16  Severity: 2    Scope: 1	Y 911		
Y 920 SS=F	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure medications were locked in an area inaccessible to the residents.</p> <p>Findings include:</p> <p>A cabinet underneath the television in the front living room was being used to store discontinued</p>	Y 920		

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Y 920	Continued From page 17  and duplicate prescriptions. The cabinet was not locked, nor was it fitted with a locking mechanism.  Employee #2 indicated the medications had been kept there for some time. Employee #2 indicated she was unaware of the requirement to keep these medications locked in an area inaccessible to the residents.  Severity: 2 Scope: 3	Y 920			
Y 931 SS=A	449.2749(1)(b) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain files and all related documentation for five years for 1 of 6 residents (#5).	Y 931			

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Y 931	Continued From page 18  Findings include:  Resident #5 was admitted on 2/7/04.  Resident #5's file lacked documented evidence of the primary physician's address.  Severity: 1    Scope: 1	Y 931		
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain files and all related documentation for five years for 3 of 6 residents (#1, #3, #5).  Findings include:  Resident #1 was admitted on 5/1/08.  Resident #1's file lacked documented evidence of initial two-step Tuberculosis (TB) skin test results.  Resident #3 was admitted on 4/30/08.	Y 936		

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Y 936	Continued From page 19  Resident #3's file lacked documented evidence of initial two-step TB skin test results.  Resident #5 was admitted on 2/7/04.  Resident #5's file lacked documented evidence of initial two-step TB skin test results.  Severity: 2    Scope: 3	Y 936			
Y 938 SS=B	449.2749(1)(g)(1) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.  This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain files and all related documentation for	Y 938			

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Y 938	Continued From page 20  five years for 3 of 6 residents (#1, #2, #5).  Findings include:  Resident #1 was admitted on 5/1/08.  Resident #1's file lacked documented evidence of an initial activities of daily living (ADLs) assessment.  Resident #2 was admitted on 2/2/08 and re-hospitalized on 12/6/08.  Resident #2's file lacked documented evidence of an initial ADL assessment.  Resident #5 was admitted on 2/7/04.  Resident #5's file lacked documented evidence of an initial ADL assessment.  Severity: 1    Scope: 2	Y 938			
Y 940 SS=D	449.2749(1)(g)(3) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to	Y 940			

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Y 940	<p>Continued From page 21</p> <p>perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain files and all related documentation for five years for 1 of 6 residents (#5).</p> <p>Findings include:</p> <p>Resident #5 was admitted on 2/7/04.</p> <p>Resident #5's file lacked documented evidence of an annual activities of daily living assessment for the past year.</p> <p>Severity: 2    Scope: 1</p>	Y 940			

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